


|  |  |   |
|--|--|---|
| <b><i>Index of Claims</i></b><br> | <b>Application/Control No.</b><br>10529935 | <b>Applicant(s)/Patent Under Reexamination</b><br>CANTIN ET AL. |
|  | <b>Examiner</b><br>Collins, Giovanna M     | <b>Art Unit</b><br>3672   |

|                          |                 |   |                   |   |                     |   |                 |
|--------------------------|-----------------|---|-------------------|---|---------------------|---|-----------------|
| <input type="checkbox"/> | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| =                        | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |                          |            | <input type="checkbox"/> CPA |  | <input type="checkbox"/> T.D. |  | <input type="checkbox"/> R.1.47 |  |
|--|----------|--------------------------|------------|------------------------------|--|-------------------------------|--|---------------------------------|--|
| CLAIM  |          | DATE                     |            |                              |  |                               |  |                                 |  |
| Final  | Original | 02/05/2007               | 11/26/2007 |                              |  |                               |  |                                 |  |
|  | 1        | -                        | -          |                              |  |                               |  |                                 |  |
|  | 2        | -                        | -          |                              |  |                               |  |                                 |  |
|  | 3        | -                        | -          |                              |  |                               |  |                                 |  |
|  | 4        | -                        | -          |                              |  |                               |  |                                 |  |
|  | 5        | -                        | -          |                              |  |                               |  |                                 |  |
|  | 6        | -                        | -          |                              |  |                               |  |                                 |  |
|  | 7        | -                        | -          |                              |  |                               |  |                                 |  |
|  | 8        | -                        | -          |                              |  |                               |  |                                 |  |
|  | 9        | -                        | -          |                              |  |                               |  |                                 |  |
|  | 10       | -                        | -          |                              |  |                               |  |                                 |  |
|  | 11       | -                        | -          |                              |  |                               |  |                                 |  |
|  | 12       | <input type="checkbox"/> | ✓          |                              |  |                               |  |                                 |  |
|  | 13       | <input type="checkbox"/> | ✓          |                              |  |                               |  |                                 |  |
|  | 14       | <input type="checkbox"/> | ✓          |                              |  |                               |  |                                 |  |
|  | 15       | <input type="checkbox"/> | ✓          |                              |  |                               |  |                                 |  |
|  | 16       | <input type="checkbox"/> | ✓          |                              |  |                               |  |                                 |  |
|  | 17       | <input type="checkbox"/> | O          |                              |  |                               |  |                                 |  |
|  | 18       | <input type="checkbox"/> | ✓          |                              |  |                               |  |                                 |  |
|  | 19       | <input type="checkbox"/> | ✓          |                              |  |                               |  |                                 |  |
|  | 20       | <input type="checkbox"/> | N          |                              |  |                               |  |                                 |  |
|  | 21       | <input type="checkbox"/> | ✓          |                              |  |                               |  |                                 |  |
|  | 22       | <input type="checkbox"/> | O          |                              |  |                               |  |                                 |  |
|  | 23       |                          | ✓          |                              |  |                               |  |                                 |  |